

**APPLICATION**

Date Received \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Date Approved \_\_\_\_\_

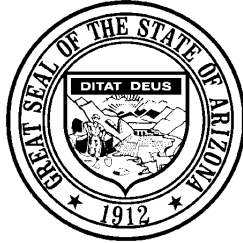
**LICENSE**

Fee Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

License # \_\_\_\_\_ Eff. Date \_\_\_\_\_

Date License Mailed \_\_\_\_\_

(DO NOT WRITE ABOVE THIS LINE)

**ARIZONA STATE BOARD OF DISPENSING OPTICIANS****APPLICATION FOR ARIZONA OPTICAL ESTABLISHMENT LICENSE****1. Business Name of Optical Establishment***(Print or type name as you desire it to appear on license)*

Street Address of this Optical Establishment

*(Street & Number)**(City)**(State)**(Zip)**( Phone)*

Proposed Business Hours \_\_\_\_\_

2. Name(s) and license number(s) of the licensed dispensing optician(s) who will work at this establishment on a full-time basis. If more than one, list the name of the supervisor first. **NOTICE: Pursuant to A.R.S. §32-1684.01(B) a licensed optical dispensing establishment must maintain at least one Arizona licensed dispensing optician who works at the establishment on a full-time basis.**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Person to contact concerning this application: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**CURRENT NON-REFUNDABLE APPLICATION FEE: \$100.00 + LICENSE FEE \$100.00**

3. If this establishment is a business office of a person or entity which is already the holder of a license for an optical establishment, please list the name and address of all other optical establishments in Arizona that are owned or otherwise controlled by the person or entity (*listed in #4*) that is applying for this license.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person to contact concerning application: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone # \_\_\_\_\_

**4. Type of Entity Seeking to Obtain Optical Establishment License** (check appropriate box A through D)

**A. \_\_\_ Establishment operated as a sole proprietorship.**

Name of person who is the owner/operator of the establishment \_\_\_\_\_;  
and address for receipt of all mail from the Board: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

**B. \_\_\_ Partnership - Names of General Partnership and Managing Partner: (*type below*)**

\_\_\_\_\_ Address of Partnership for receipt of all mail from the Board: \_\_\_\_\_  
\_\_\_\_\_ Telephone #: \_\_\_\_\_

**C. \_\_\_ Corporation** - If a corporation or a division of a corporation, list the name of the corporation and the designated corporate agent (with address for service of official documents and notices); list company president or chairman or chief executive officer and include the state of incorporation

Corporate Agent (*name, address, telephone #*): \_\_\_\_\_  
\_\_\_\_\_ Chairman/President or Chief Executive Officer (*name, address, telephone #*): \_\_\_\_\_  
\_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Attach a list of corporate owners to establish ownership of establishment. (i.e. anyone with a block of twenty percent or more of the outstanding voting stock of the corporation or control of a majority of outstanding voting stock.

If the corporation is not an Arizona corporation, attach a certified copy of the Arizona Corporation Commission form reflecting authority to do business in Arizona.

If this is an Arizona entity, attach a certified copy of the Articles of Incorporation.

If this is an Arizona corporation, is it in good standing with the Arizona Corporation Commission and has the corporation's annual report been timely filed, when last due, with the Arizona Corporation Commission?

Yes \_\_\_\_\_ No \_\_\_\_\_ (*check appropriate answer*)

**D. \_\_\_ Other** - Describe and list name and address of responsible person(s): (*type below*)

\_\_\_\_\_  
\_\_\_\_\_

5. Please list all owners of this optical establishment who are Arizona licensed physicians or optometrists.

Name

Professional Designation

\_\_\_\_\_

\_\_\_\_\_

Being first duly sworn upon his or her oath, the undersigned deposes and says: I have read the completed application, know the full content thereof, and declare that all of the information is true and correct. I understand that this application is subject to independent verification. Further, I authorize all institutions or organizations, business and professional associates (past and present) and all the Arizona State Board of Dispensing Opticians or its successors any information, files or records requested by that Board in connection with this application. I authorize the Arizona State Board of Dispensing Opticians or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I acknowledge that any misrepresentation or falsification of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the optical establishment license, if issued.

Applicant further acknowledges that he or she is responsible for complying with A.R.S. §32-1699, commonly known as the Arizona Dispensing Opticians Act, and the Rules promulgated by the Board. Applicant is aware that he or she assumes the responsibility to read any future changes that may revise or amend the present applicable statutory provisions and rules. Applicant understands that the mere completion of this form and payment of a fee does not authorize the applicant to lawfully maintain and operate an optical establishment as defined by A.R.S. §32-1671(4).

Pursuant to A.R.S. §32-1684.01(A), this application must be verified under oath by the responsible party.

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_(*typed or printed name*), being first placed under oath, swears that the facts in the foregoing application for optical establishment license are true.

\_\_\_\_\_  
(*Signature*)

\_\_\_\_\_  
(*Typed or Printed Name*)

Subscribed and sworn to before me on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(*Notary Public*)

**Mail this form with \$200.00 fee  
\$100.00 application fee (nonrefundable)  
plus \$100.00 license fee to:**

**Arizona State Board of Dispensing Opticians  
1400 West Washington, Room 230  
Phoenix, Arizona 85007  
Telephone #: 602-542-3095 Fax #: 602-542-3093**

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*(FOR BOARD USE ONLY)*

Fee received \$ \_\_\_\_\_ Date of Board Review \_\_\_\_\_

Receipt # \_\_\_\_\_ License # \_\_\_\_\_ Date Mailed \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

A.R.S.§41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

41-1030(E) A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

41-1030(F) This section does not abrogate the immunity provided by section 44 12-820.01 or 12-820.02.



Do you need this information in an alternative format? Please call the  
Board Office at 602-542-3095